



# Health Disparities at the Intersection of Race & Disability

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# Acknowledgements

The research presented here is funded by the Centers for Disease Control and Prevention (CDC), National Center on Birth Defects and Developmental Disabilities (NCBDDD) under Cooperative Agreement U01DD000231 to the Association of University Centers on Disabilities (AUCD). The content of this material does not necessarily reflect the views and policies of CDC, NCBDDD nor AUCD.

# Background

- Disparities in health and access to care have been well-documented in historically underserved racial and ethnic groups
- A newer body of research examines health and health care disparities among people with disabilities
- Very little is known about the combined impact of these two types of disparities

# Study purpose

- To examine social determinants of health, access to health care, and health status among people with and without disabilities in different racial and ethnic groups
- Determine whether people in underserved racial or ethnic groups who also have a disability are at greater disadvantage than those in either group alone

# Data source

- Medical Expenditure Panel Survey – Household Component
- Combined full-year consolidated files from 2002-2008
- Analyses focused on adults aged 18-64 years
  - Total sample size: 133,000+

# Disability

- People with disabilities identified as those with basic actions difficulties:
  - Functional limitations
  - Limitations in vision or hearing
  - Cognitive limitations
  - Use of assistive technology

# Complex activity limitations

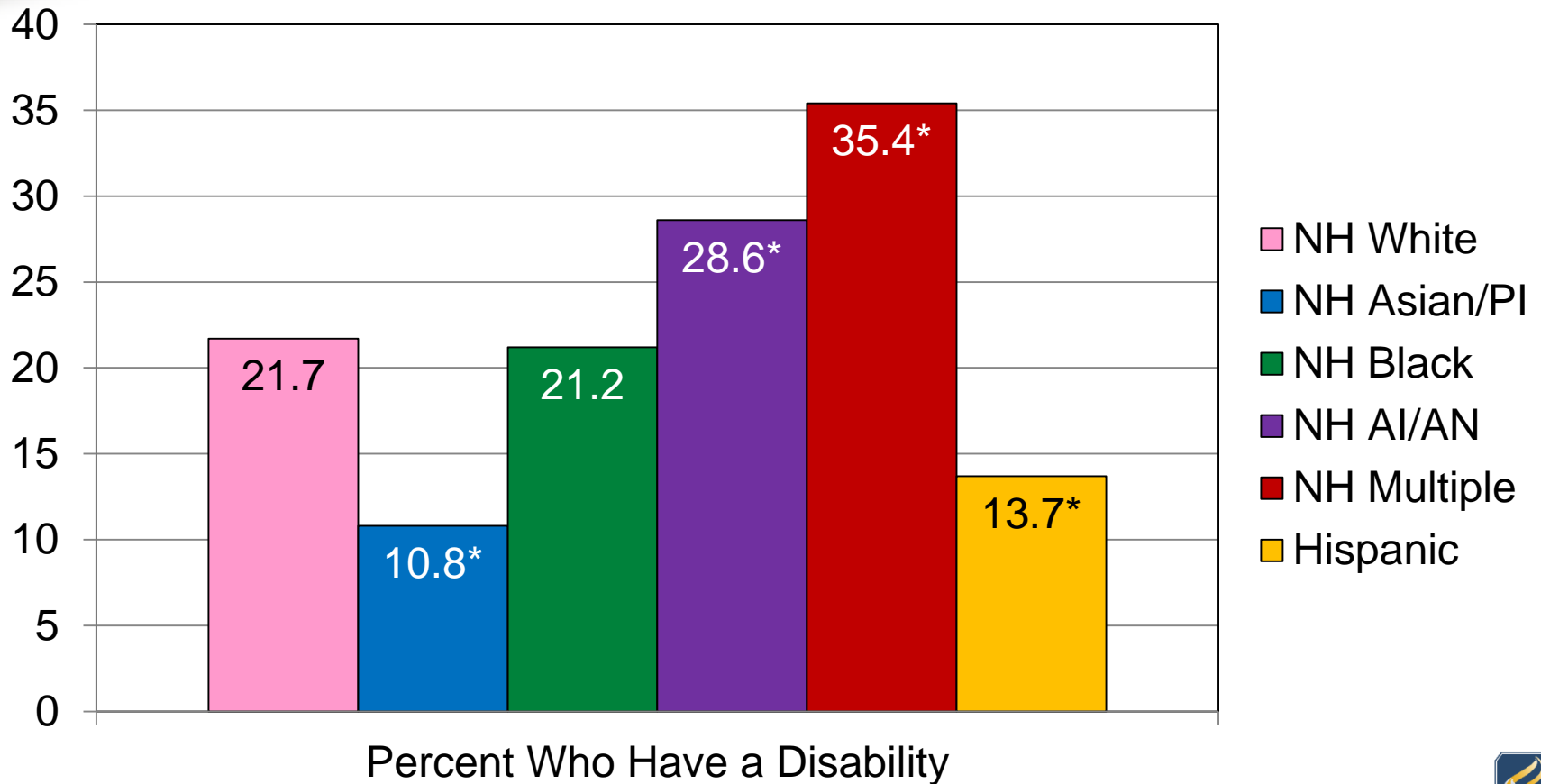
- Within the sample of people with disabilities, some also have complex activity limitations:
  - ADL/IADL limitations
  - Limitations in work, social, or recreational activities

# Race and ethnicity

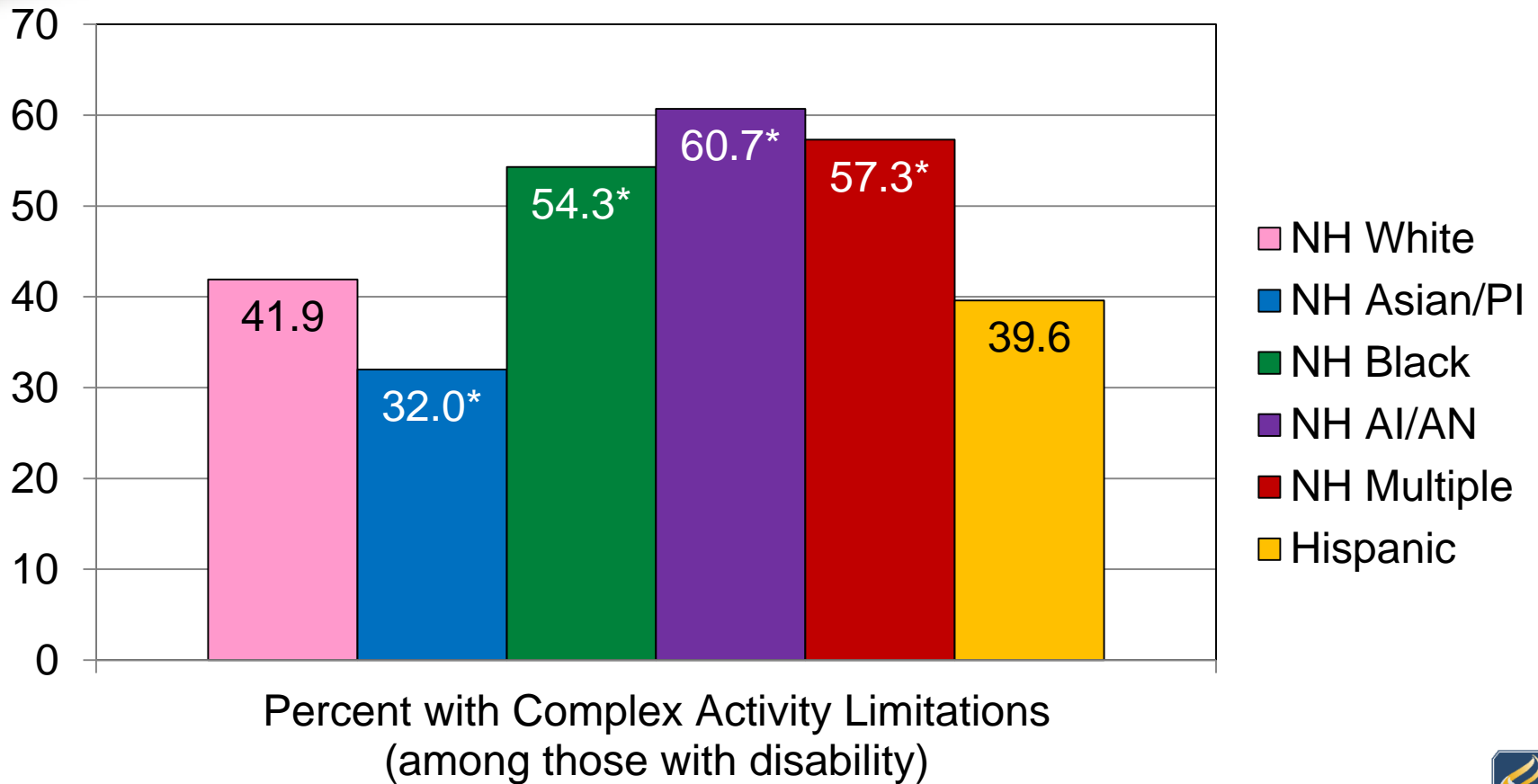
- Coded into 6 groups:
  - Non-Hispanic White
  - Non-Hispanic Asian, Native Hawaiian, or other Pacific Islander
  - Non-Hispanic Black or African American
  - Non-Hispanic American Indian or Alaska Native (AI/AN)
  - Non-Hispanic multiple races
  - Hispanic (of any race)



# Disability in racial & ethnic groups



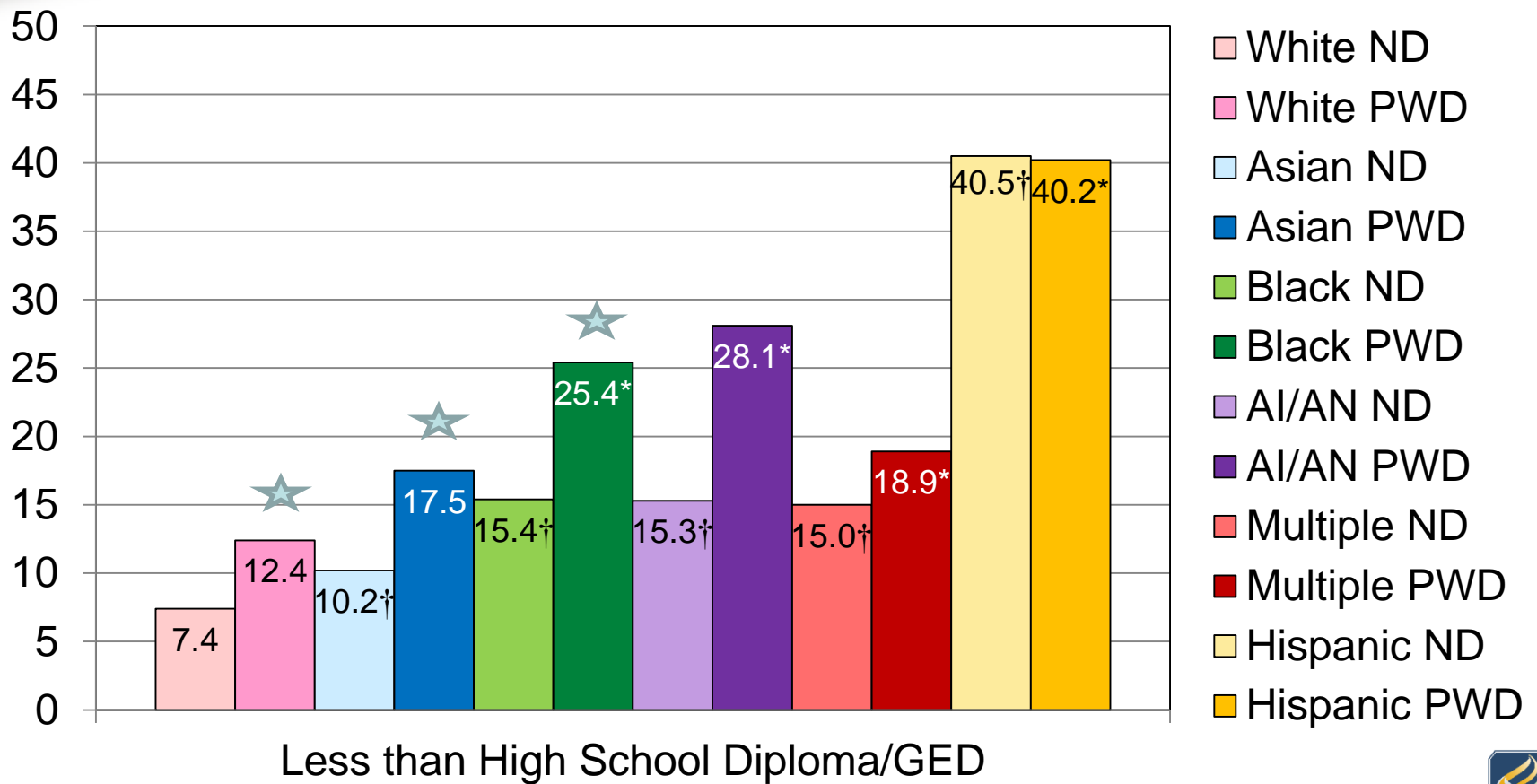
# Complex activity limitations



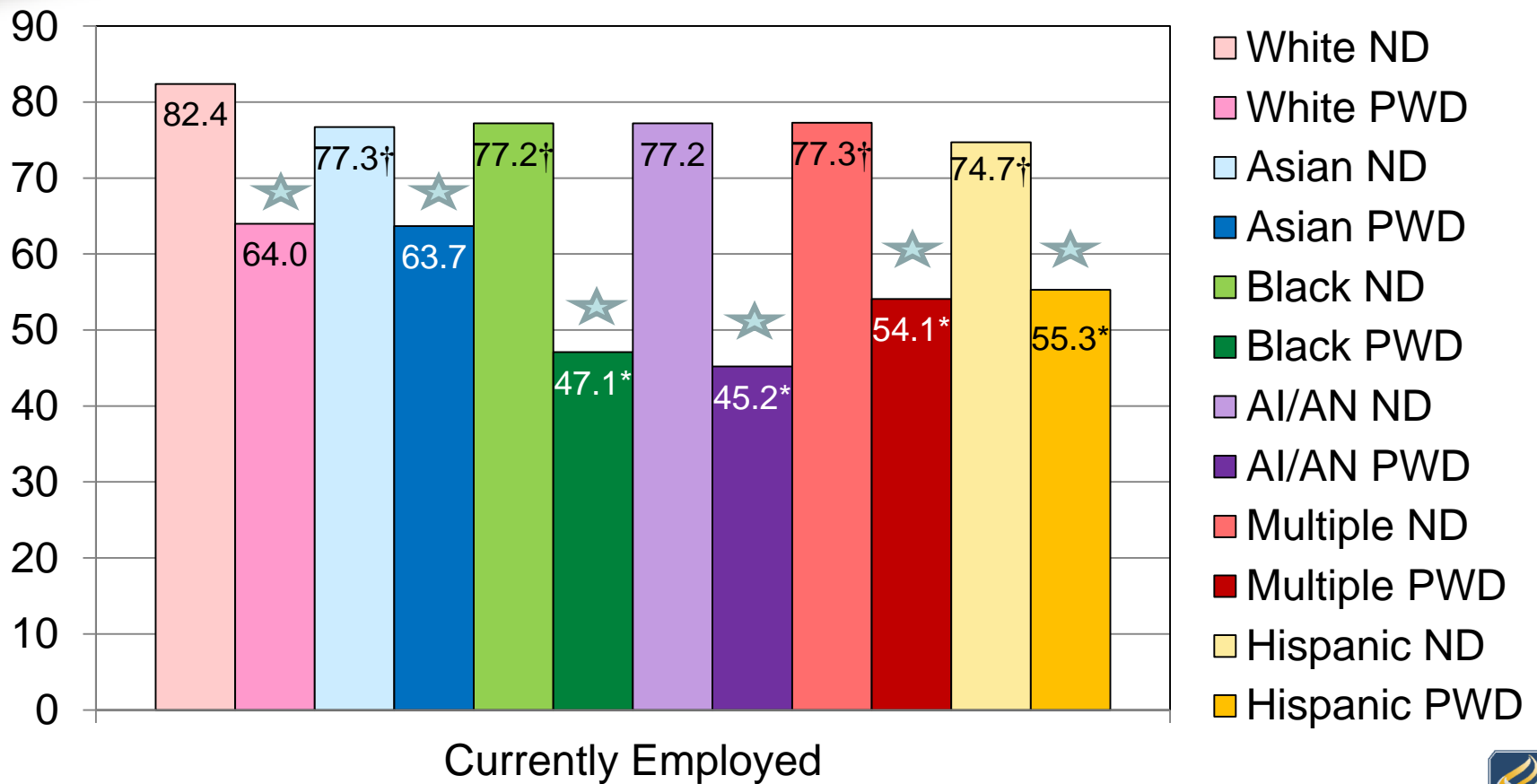
# Social determinants of health

- Socioeconomic variables that are closely associated with health (e.g. education, employment, income)
- How do people with and without disabilities in various racial and ethnic groups differ?

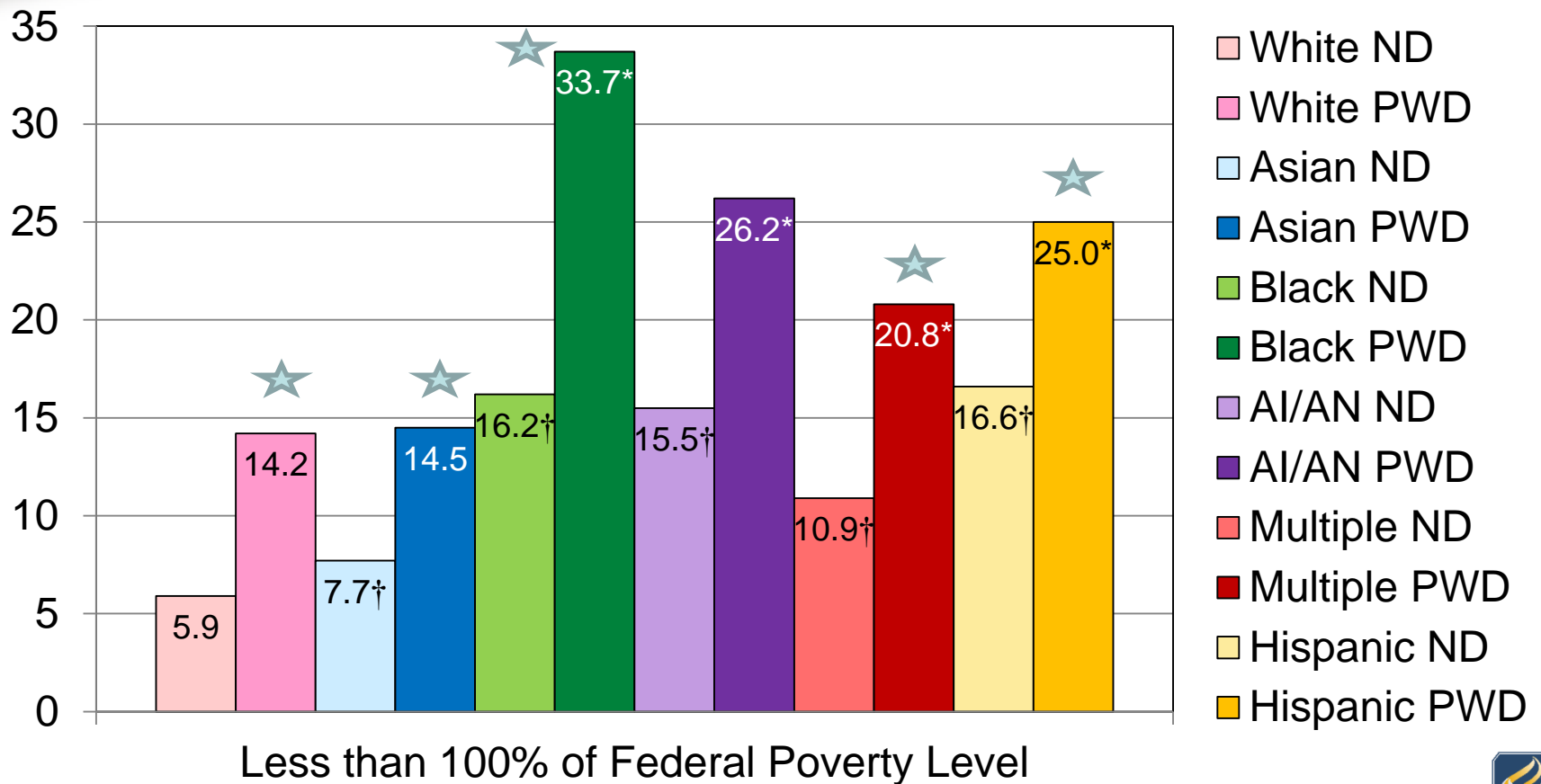
# Education



# Employment



# Poverty



# Access to health care

- Presence of health insurance
- For those who have insurance, what type (public or private)?
- Does person have a usual source of health care (besides ER)?
- Has person had a time when they did not get needed health care, or delayed getting needed care?

# Health care insurance

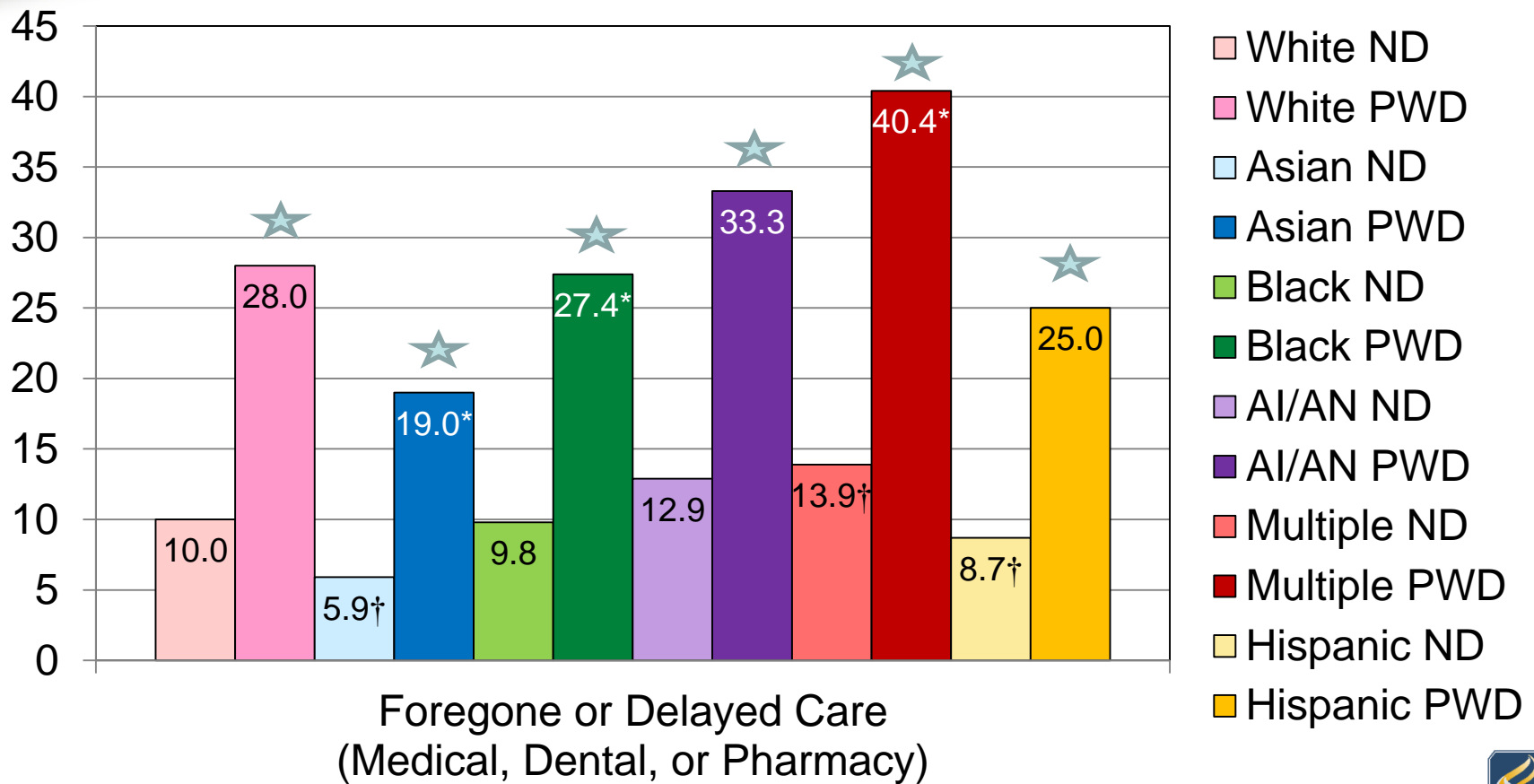
- People in underserved racial and ethnic groups more likely to be uninsured all year and less likely to have private insurance.
- In most racial and ethnic groups, people with disabilities are no more likely to be uninsured than people without disabilities
- However, in most racial and ethnic groups, people with disabilities are significantly less likely to have private insurance



# Usual source of care

- People in underserved racial and ethnic groups are less likely to have a usual source of medical care
- Within each racial and ethnic group, people with disabilities are more likely than those without disabilities to have a usual source of care

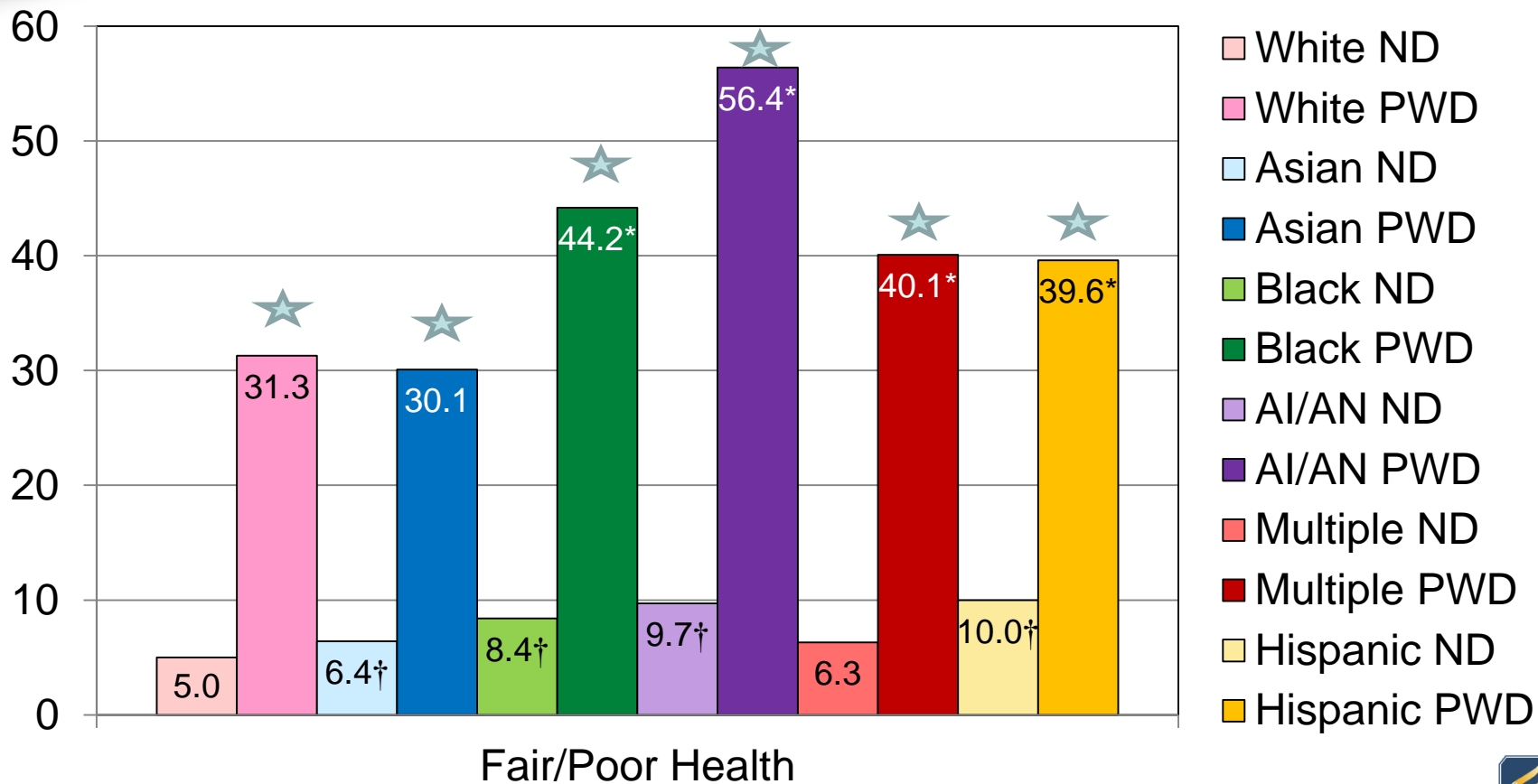
# Unmet health care needs



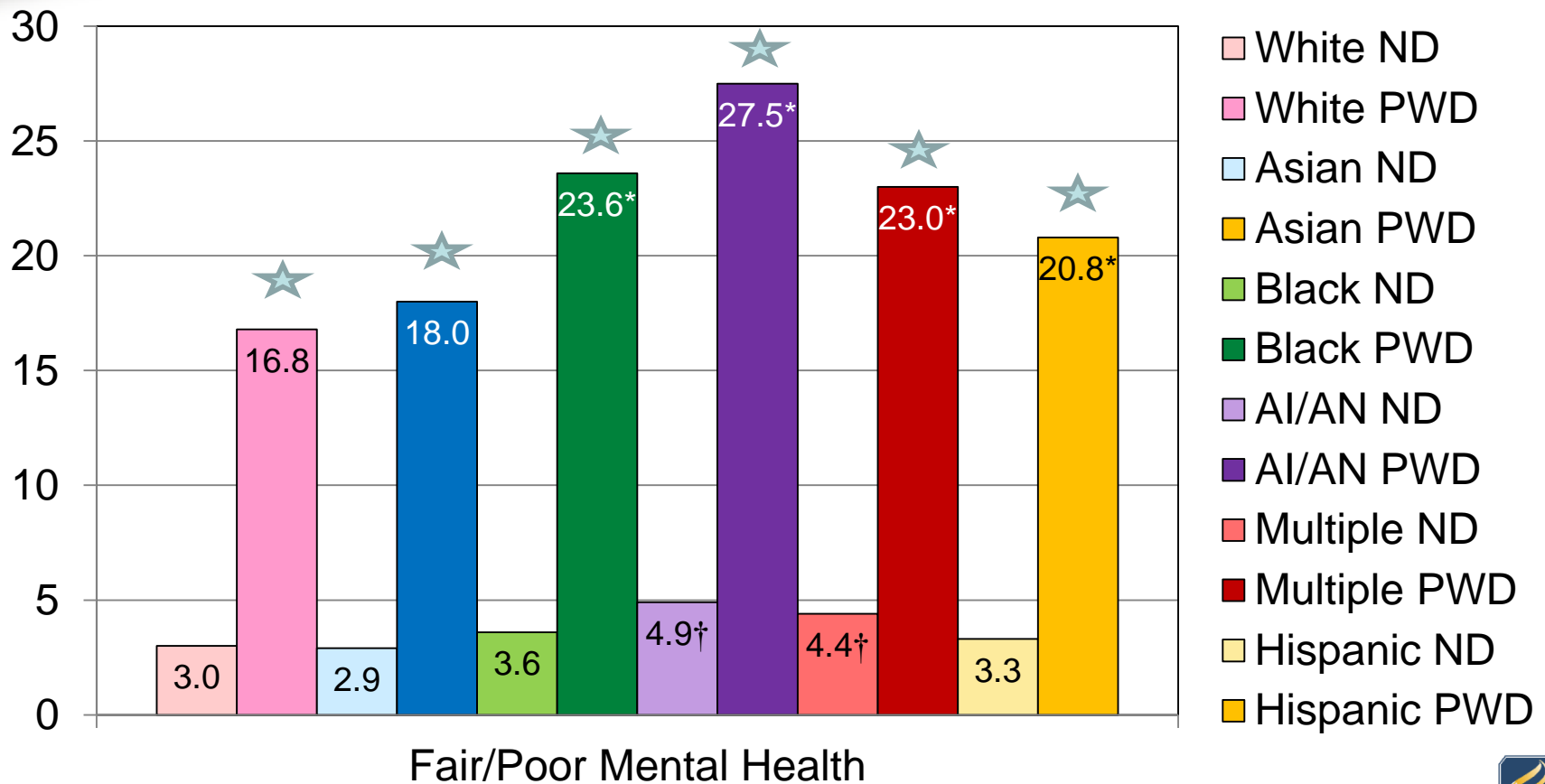
# Health status

- Perceived health: excellent, very good, good, fair, or poor
- Perceived mental health: excellent, very good, good, fair, or poor
- Each variable coded into two categories:
  - Excellent/very good/good
  - Fair/poor

# Perceived health status



# Perceived mental health status



# Limitations and knowledge gaps

- Cross-sectional analyses do not elucidate cause and effect
- Need long-term longitudinal studies to understand relationships across a lifetime
  - Disability and socioeconomic status
  - Disability and health
  - Health and health care

# Knowledge gaps

- Reasons for unmet health care needs
  - Some data available in MEPS
  - Qualitative studies can provide greater detail
    - What barriers are related to race or ethnicity?
    - What barriers are related to disability?
    - How do these two sets of barriers combine? Are there additional, unique barriers at the intersection of race, ethnicity, and disability?

# Where do we go from here?

- Learn from and build on work done in racial and ethnic health disparities
- Build connections with traditional health disparities researchers where interest areas overlap